

EXHIBIT 1

Page 1 of 4

Agency Case Number C000671920-01		Agency NCIC Number GAGSP0000		GEORGIA MOTOR VEHICLE CRASH REPORT				County FANNIN			Date Rec. by GDOT			
Estimated Crash Date 03/15/20	Time 23:15	Dispatch Date 03/15/20	Time 23:20	Arrival Date 03/15/20	Time 23:51	Vehicles 2	Total Number of Injuries 3	Fatalities 1	Inside City Of BLUE RIDGE					
Road of Occurrence GA 2		At Its Intersection With _____							<input type="checkbox"/> Corrected Report					
Not At Its Intersection But 25		<input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet	<input type="checkbox"/> North <input type="checkbox"/> South	<input checked="" type="checkbox"/> East <input type="checkbox"/> West	Of BLUE RIDGE DRIVE							<input type="checkbox"/> Sup To Original		
Latitude (Y) (Format) 34.87298 00.00000		Longitude (X) (Format) -84.32289 -00.00000							<input checked="" type="checkbox"/> Hit And Run?					
Unit # 1	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME ELLIOTT	FIRST HUNTER	MIDDLE ETHAN	Unit # 2	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME KELLEY	FIRST SANTANA	MIDDLE SHEREEN					
<input checked="" type="checkbox"/> Susp At Fault 2864 DRY BRANCH RD		<input type="checkbox"/> Susp At Fault PO BOX 65												
City BLUE RIDGE	State GA	Zip 30513	City SHANNON	State GA	Zip 30172	City PRH3603	State GA	Zip 30172	City FLOYD	State GA	Zip 30172			
Driver's License No.	Class D	State GA	Country UNITED STATES	Driver's License No.	Class C	State GA	Country UNITED STATES							
Insurance Co. PROGRESSIVE	Policy No. 930626079		Telephone No.		Insurance Co. PROGRESSIVE	Policy No. PROGRESSIVE		Telephone No.						
Year 2016	Make FORD	Model SUPER DUTY	Year 2008	Make FORD	Model ESCAPE									
VIN 1FT7W2BT9GEC79140	Vehicle Color GRY				VIN 1FMCU03178KA77952	Vehicle Color BLU								
Tag # RRN3130	State GA	County FANNIN	Year 2020	Tag # PRH3603	State GA	County FLOYD	Year 2020							
Trailer Tag #	State	County	Year	Trailer Tag #	State	County	Year							
<input checked="" type="checkbox"/> Same as Driver	Owner's Last Name ELLIOTT	First HUNTER	Middle ETHAN	<input checked="" type="checkbox"/> Same as Driver	Owner's Last Name KELLEY	First SANTANA	Middle SHEREEN							
Address 2864 DRY BRANCH RD				Address 325 3RD ST										
City BLUE RIDGE	State GA	Zip 30513-5720	City SHANNON	State GA	Zip 30172-0000									
Removed By: CAR CRAFTERS	<input type="checkbox"/> Request <input checked="" type="checkbox"/> List					Removed By: CAR CRAFTERS	<input type="checkbox"/> Request <input checked="" type="checkbox"/> List							
Alco Test: 1	Type: 1	Results: PEND	Drug Test: 1	Type: 1	Results:	Alco Test: 2	Type: 1	Results: PEND	Drug Test: 2	Type: 1	Results:			
First Harmful Event: 11	Most Harmful Event: 11	Operator/Ped Cond: 4				First Harmful Event: 11	Most Harmful Event: 11	Operator/Ped Cond: 1						
Operator Contributing Factors: 2 3 20 31						Operator Contributing Factors: 1								
Vehicle Contributing Factors: 1			Roadway Contributing Factors: 1			Vehicle Contributing Factors: 1			Roadway Contributing Factors: 1					
Direction of Travel: 4	Vehicle Maneuver: 5 Non-Motor Maneuver:					Direction of Travel: 4	Vehicle Maneuver: 4 Non-Motor Maneuver:							
Vehicle Class: 1	Vehicle Type: 2 Vision Obscured: 1					Vehicle Class: 1	Vehicle Type: 1 Vision Obscured: 1							
Number of Occupants: 1	Area of Initial Contact: 12 Damage to Veh: 4					Number of Occupants: 3	Area of Initial Contact: 6 Damage to Veh: 4							
Traffic-Way Flow: 1	Road Comp: 2 Road Character: 2					Traffic-Way Flow: 1	Road Comp: 2 Road Character: 2							
Number of Lanes: 5	Posted Speed: 55 Work Zone: 0					Number of Lanes: 5	Posted Speed: 55 Work Zone: 0							
Traffic Control: 7	Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Traffic Control: 7	Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Citation Information: Citation # E03538549 O.C.G.A. § 16-10-24						Citation Information: Citation # E03538548 O.C.G.A. § 40-8-76.1								
Citation # E03538547 O.C.G.A. § 40-8-71						Citation # E03538549 O.C.G.A. § 16-10-24								
COMMERCIAL MOTOR VEHICLES ONLY														
Carrier Name:						Carrier Name:								
Address			City	State	Zip	Address			City	State	Zip			
U.S. D.O.T. #		No. of Axles	G.V.W.R.			U.S. D.O.T. #		No. of Axles	G.V.W.R.					
Cargo Body Type	Vehicle Config.	<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No				Cargo Body Type	Vehicle Config.	<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No				
C.D.L.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	C.D.L. Suspended?			<input type="checkbox"/> Yes <input type="checkbox"/> No	C.D.L.?			<input type="checkbox"/> Yes <input type="checkbox"/> No	C.D.L. Suspended?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Placarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Materials?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Placarded?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Materials?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Haz Mat Released?	<input type="checkbox"/> Yes <input type="checkbox"/> No				Haz Mat Released?			<input type="checkbox"/> Yes <input type="checkbox"/> No						
If YES:	Name or four Digit Number from Diamond or Box: _____					If YES: Name or four Digit Number from Diamond or Box: _____								
One Digit Number from Bottom of Diamond: _____						One Digit Number from Bottom of Diamond: _____								
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units						<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units								

Page 2 of 4

COLLISION FIELDS																																
Manner of Collision:	3	Location at Area of Impact:	7	Weather:	2	Surface Condition:	1	Light Condition:	4																							
NARRATIVE																																
<p>Vehicle #2 was stopped in the left westbound lane of GA 2, at its intersection with Blue Ridge Drive. Vehicle #1 was traveling in the left westbound lane of GA 2, approaching vehicle #2 from its rear. Vehicle #1 struck the rear of vehicle #2 with its front portion pushing vehicle #2 west into the intersection of GA 2 and Blue Ridge Drive. The driver of vehicle #1 then proceeded to attempt to leave the scene by placing his vehicle in reverse and traveling east inside of the intersection. Vehicle #1 came to a stop at the east side of the intersection due to mechanical failure. Vehicle #1's driver then exited the vehicle and fled the scene on foot. The driver of vehicle #1 later returned to the scene by his own will. Vehicle #1 came to a controlled final rest facing west on the east side of GA 2 and Blue Ridge Drive. Vehicle #1 came to an uncontrolled final rest facing west on the west side of GA 2 and Blue Ridge Drive.</p> <p>This investigation is being investigated by Troop B SCRT.</p> <p>Note: This accident investigation was recorded on DVR by Trooper 650 and Trooper 359.</p>																																
DIAGRAM																																
										INDICATE NORTH																						
PROPERTY DAMAGE INFORMATION																																
<table border="1"> <thead> <tr> <th colspan="10">Damage Other Than Vehicle</th> <th>Owner</th> </tr> </thead> <tbody> <tr> <td colspan="10"></td> <td></td> </tr> </tbody> </table>											Damage Other Than Vehicle										Owner											
Damage Other Than Vehicle										Owner																						
WITNESS INFORMATION																																
Name (Last, First)		Address		City		State		Zip Code		Telephone Number																						
RHODES, TRENTON		151 SUNRISE RD		BLUE RIDGE		GA		30513		706-455-2056																						
BARKER, THOMAS		761 BOARD TOWN RD		ELLIJAY		GA		30540		706-502-6582																						
MEADERS, CHERI		1435 LOVING RD		MORGANTON		GA		30560		762-210-8053																						
NIX, CONNIE		35 HIGH COUNTRY CIRCLE		MORGANTON		GA		30560																								
OCCUPANT INFORMATION																																
1	Name (Last, First): ELLIOTT, HUNTER					Address: 2864 DRY BRANCH RD BLUE RIDGE, GA 30513																										
	Age: 23	Sex: M	Unit #: 1	Position: 1	Safety Eq: 0	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 3	Taken for Treatment: 1																						
Injury Taken To: FANNIN REGIONAL		By: FANNIN COUNTY EMS		EMS Notified Time:			EMS Arrival Time:		Hospital Arrival Time:																							
2	Name (Last, First): KELLEY, SANTANA					Address: PO BOX 65 SHANNON, GA 30172																										
	Age: 23	Sex: F	Unit #: 2	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 2	Taken for Treatment: 1																						
Injury Taken To: FANNIN REGIONAL ER		By: FANNIN COUNTY EMS		EMS Notified Time:			EMS Arrival Time:		Hospital Arrival Time:																							
3	Name (Last, First): BRYSON, JOSHUA					Address: 325 E 3RD ST ROME, GA 30161																										
	Age: 24	Sex: M	Unit #: 2	Position: 3	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 1	Injury: 2	Taken for Treatment: 1																						
Injury Taken To: FANNIN REGIONAL		By: FANNIN COUNTY EMS		EMS Notified Time:			EMS Arrival Time:		Hospital Arrival Time:																							
4	Name (Last, First): BRYSON, COHEN					Address: 325 E 3RD ST ROME, GA 30161																										
	Age: 2	Sex: M	Unit #: 2	Position: 4	Safety Eq: 4	Ejected: 2	Extricated: 2	Air Bag: 0	Injury: 1	Taken for Treatment: 2																						
Injury Taken To:		By:		EMS Notified Time: 23:15			EMS Arrival Time: 23:39		Hospital Arrival Time: 23:45																							
ADMINISTRATIVE																																
Photos Taken: <input checked="" type="checkbox"/> Yes By: 196 <input type="checkbox"/> No					Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404)635-2963.																											
Report By: MATHESON, S. L. #0650		Agency: GSPB\POST 27		Report Date: 03/16/20		Checked By: TAYLOR, B.D. #0513		Date Checked: 03/21/20																								

Page 3 of 4

SUPPLEMENT GEORGIA MOTOR VEHICLE CRASH REPORT		
Agency Case Number: C000671920-01	Estimated Crash Date: 03/15/20	Officer Name: MATHESON, S. L. #0650
NARRATIVE CONTINUED		

ADDITIONAL CITATION INFORMATION	
Unit # 1	
Citation # E03538548	O.C.G.A. § 40-6-73.1
Citation # E03538545	O.C.G.A. § 40-6-73.1
Citation # E03524197	O.C.G.A. § 40-6-390
Citation # E03524196	O.C.G.A. § 40-6-241(c)(1)
Citation # E03524194	O.C.G.A. § 40-5-121
Citation # E03524193	O.C.G.A. § 40-6-394
Citation # E03519797	O.C.G.A. § 40-6-394
Citation # E03519796	O.C.G.A. § 40-6-270
Citation # E03519795	O.C.G.A. § 40-6-393(A)
Citation # E03519792	O.C.G.A. § 40-6-391(a)(1-5)
Citation # E03519793	O.C.G.A. § 40-6-49
Citation # E03519794	O.C.G.A. § 40-8-6
Citation # E03524195	O.C.G.A. § 40-6-253

ADDITIONAL or FULL PAGE DIAGRAM

Page 4 of 4

